

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-500609</div>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50								
Total								
Indep	1							
Total	1							
Depend								
Total	2							
Claims								